

Partnership HealthPlan of California – Asthma and COPD Pharmacotherapy

PHC's formulary and medication coverage benefits shall continue as described in this policy until such time as the pharmacy benefit carve-out to Medi-Cal Fee-for-Service described in [APL 20-020](#) and the [Governor's Executive Order N-01-19](#) may take effect.

Drug	Cost per Unit AWP per RedBook *10/2019*	Source	FDA Indication	FDA Approved Age Limits (yrs) or PHC limit	Dosage Form	Formulary Status	PHC Restriction/Criteria (see formulary search tool for full criteria details)
Ventolin HFA® (Albuterol HFA, 18 gm) 90 mcg	\$62	Generic	Asthma/ COPD	≥ 4	MDI	F	Limited to 18 gm (1 inhaler) per 15 days
ProAir HFA® (Albuterol HFA, 8.5 gm) 90 mcg	\$74	Generic	Asthma/ COPD	≥ 4	MDI	F	Limited to 8.5 gm (1 inhaler) per 15 days
Proventil HFA® (Albuterol HFA, 6.7 gm) 90 mcg	\$74	Generic	Asthma/ COPD	≥ 4	MDI	F	Limited to 6.7 gm (1 inhaler) per 15 days
ProAir RespiClick® (Albuterol) 90 mcg	\$73	Brand	Asthma/ COPD	≥ 4	DPI	F	Limited to 1 unit (1 inhaler) per 15 days
Albuterol Sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml,	\$47/30 vials	Generic	Asthma/ COPD	≥ 2	NS	F	0.63 mg/3 ml & 1.25 mg/3 ml has a Limit of 270 ml (90 vials) per 25 days. 2.5 mg/3 ml has a limit of 225 ml (75 vials) per 25 days
Albuterol Sulfate, concentrate 2.5 mg/0.5 ml, 5 mg/1 ml	\$58/20 ml	Generic	Asthma/ COPD	≥ 2	NS	F	Limited to 40 ml per month
Xopenex HFA® 45 mcg (Levalbuterol HFA)	\$74	Generic	Asthma/ COPD	≥ 4	MDI	NF	Documentation of failure or intolerance to albuterol HFA products.
Xopenex® (Levalbuterol) 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	\$161/24 vials	Generic	Asthma/ COPD	≥ 6	NS	NF	Documentation of failure or intolerance solution to albuterol HFA w/spacer, albuterol nebulizer solution and levalbuterol HFA with spacer.
Xopenex® (Levalbuterol), Concentrate 1.25 mg/0.5 ml	\$200/30 vials	Generic	Asthma/ COPD	≥ 6	NS	NF	

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LONG ACTING BETA AGONIST (LABA)							
Serevent Diskus® 50 mcg (Salmeterol)	\$465	Brand	COPD	≥ 4	DPI	C1	Treatment of COPD, not on LABA product. For asthma, use combination ICS/LABA after ICS failure.
Brovana® (Arformoterol) 15 mcg/2 ml	\$1236/60 vials	Brand	COPD	≥ 18	NS	NF	Treatment of COPD with reason(s) why hand held inhalers cannot be used & failure to Serevent & Striverdi or Arcapta (TAR required).
Perforomist® (Formoterol Fumarate) 20 mcg/2 ml	\$1225/60 vials	Brand	COPD	≥ 18	NS	NF	
ULTRA LONG ACTING BETA AGONIST (ULTRA-LABA)							
Arcapta Neohaler® (Indacaterol) 75 mcg	\$309	Brand	COPD	≥ 18	DPI	NF	Treatment of COPD with documentation of trial and failure to Striverdi.
Striverdi Respimat® (Olodaterol) 2.5 mcg	\$254	Brand	COPD	≥ 18	MDI	C1	Treatment of COPD with 1 inhaler per fill.
INHALED CORTICOSTEROIDS (ICS)							
Aerospan HFA® (Flunisolide) 80 mcg	\$245	Brand	Asthma	≥ 6	MDI	F	Allows up to 3 inhalers per 90-day supply
Alvesco® (Ciclesonide) 80 mcg 160 mcg	\$329	Brand	Asthma	≥ 12	MDI	F	
Arnuity Ellipta® (Fluticasone) 200 mcg	\$208 - \$280	Brand	Asthma	≥ 4	DPI	F	

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Asmanex HFA® (Mometasone) 100 mcg, 200 mcg	\$230 - \$270	Brand	Asthma	≥ 12	MDI	F	
INHALED CORTICOSTEROIDS (ICS) continued							
Asmanex Twisthaler® (Mometasone) 110 mcg, 220 mcg	\$192 - \$322	Brand	Asthma	≥ 4	DPI	F	Allows up to 3 inhalers per 90-day supply
Flovent Diskus® (Fluticasone) 50 mcg, 100 mcg, 250 mcg	\$213 - \$301	Brand	Asthma	≥ 4	DPI	F	
Pulmicort Flexhaler® (Budesonide) 90 mcg, 180 mcg	\$212 - \$284	Brand	Asthma	≥ 6	DPI	F	
Qvar RediHaler® (Beclomethasone) 40 mcg, 80 mcg	\$215 - \$288	Brand	Asthma	≥ 4	DPI	F	
Flovent HFA® (Fluticasone) 44 mcg, 110 mcg, 220 mcg	\$224 - \$301	Brand	Asthma	≥ 4	MDI	F	AL: ≤ 11 yrs Allows up to 3 inhalers per 90 day supply.
Flovent HFA® (Fluticasone) 220mcg	\$467	Brand	Asthma	≥4	MDI	STE	Prior use of Flovent 44 mcg or 110 mcg in the past 6 months before stepping up to 220 mcg. AL: ≤ 11 yrs
Pulmicort® (Budesonide) 0.25 mg/2 ml, 0.5 mg/2 ml, 1.0 mg/2 ml	\$282 - \$392/30 inhalers	Generic	Asthma	1 - 8	NS	C1	For the treatment of asthma with limit Of twice a day dosing for 0.25 mg/ 2ml & 0.5 mg/ 2 ml & one per day for 1.0 mg/2 ml

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ICS/LABA COMBINATION INHALERS							
Advair HFA® (fluticasone/salmeterol) 45 mcg/21 mcg, 115 mcg/21 mcg, 230 mcg/21 mcg	\$380–\$622	Brand	Asthma	≥ 12	MDI	NF	Documentation of failure to fluticasone/salmeterol (generic AirDuo or generic Advair Diskus), Symbicort & Dulera.
Advair Diskus® (Fluticasone/Salmeterol and Wixela Inhub) 100 mcg/50 mcg, 200 mcg/50 mcg, 500 mcg/50 mcg	\$358 -\$584	Generic	Asthma/COPD	≥ 12	DPI	F	Allows up to 3 inhalers per 90-day supply
AirDuo RespiClick® (Fluticasone/salmeterol) 55 mcg/14 mcg, 113 mcg/14 mcg, 232 mcg/14 mcg	\$119	Generic	Asthma	≥ 12	DPI	F	
Dulera® (Mometasone/Fomoterol) 100 mcg/5 mcg, 200 mcg/5 mcg	\$374	Brand	Asthma/COPD	≥ 12	MDI	F	
Symbicort® (Budesonide/Formoterol) 80 mcg/4.5 mcg, 160 mcg/4.5 mcg	\$352 -\$403	Generic	Asthma/COPD	≥ 6	MDI	F	
Breo Ellipta® (Fluticasone Furoate/Vilanterol) 100 mcg/25 mcg, 200 mcg/25 mcg	\$422	Brand	Asthma/COPD	≥ 18	DPI	NF	Documentation of failure to fluticasone/salmeterol (generic AirDuo or generic Advair Diskus), Symbicort & Dulera.

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SHORT ACTING MUSCARINIC ANTAGONIST (SAMA)							
Atrovent HFA® (Ipratropium), 17 mcg	\$466	Brand	COPD	≥ 18	MDI	F	Limited to 1 inhaler per 30 days.
Atrovent Solution® (Ipratropium) 0.5 mg/ 2.5 ml (0.02%)	\$116/60 vials	Generic	COPD	≥ 18	NS	F	Limited to up to 20 ml per day or 600 ml per month.
LONG ACTING MUSCARINIC ANTAGONIST (LAMA)							
Incruse Ellipta® (Umeclidinium Bromide) 62.5 mcg	\$401	Brand	COPD	≥ 18	DPI	C1	For the treatment of COPD.
Seebri Neohaler® (Glycopyrrolate) 15.6 mcg	\$473	Brand	COPD	≥ 18	DPI	STE	Prior fills of Spiriva HandiHaler (STE therapy required) or Spiriva Respimat, Incruse Ellipta or Tudorza Pressair in the past 120 days.
Spiriva HandiHaler® (Tiotropium) 18mcg	\$515	Brand	COPD	≥ 18	DPI	STE	Previous claim for Spiriva Respimat in the last 180 days.
Spiriva Respimat® (Tiotropium) 1.25 mcg, 2.5 mcg	\$515	Brand	Asthma/ COPD	≥ 6	MDI	F	Allows up to 3 inhalers per 90-day supply
Tudorza Pressair® (Aclidinium bromide) 400 mcg	\$622	Brand	COPD	≥ 18	DPI	STE	Previous claim of Spiriva Respimat or Spiriva HandiHaler in the past 90 days.

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LONG ACTING MUSCARINIC ANTAGONISY (LAMA) continued							
Lonhala Magnair® (Glycopyrrolate) 25 mcg/ml	\$1,359/60 vials	Brand	COPD	≥ 18	NS	NF	For treatment of COPD with reasons why hand-held inhalers cannot be used & failure to Seebri Neohaler (STE required).
Yupelri® (Revefenacin) 175 mcg/3 ml	\$1,236/30 vials	Brand	COPD	≥ 18	NS	NF	
SAMA/SABA COMBINATION							
Combivent Respimat® (Ipratropium/albuterol) 20 mcg/100 mcg	\$483	Brand	COPD	≥ 18	MDI	F	Limit of up to 4 gm (1 inhaler) per 20 days
Duoneb® (ipratropium/albuterol) 0.5 mg/2.5 mg/3 ml	\$126/60 vials	Generic	COPD	≥ 18	NS	F	Limited to up to 270 ml (90 vials) per 25-day supply
LAMA/LABA COMBINATION							
Anoro Ellipta® (Umeclidinium/Vilanterol) 62.5 mcg/25 mcg	\$492	Brand	COPD	≥ 18	DPI	C1	For the treatment of COPD. Limited up to 1 unit per 30 days.
Bevespi Aerosphere HFA (Formoterol Fumarate/Glycopyrrolate) 9 mcg/4.8 mcg	\$438	Brand	COPD	≥ 18	MDI	STE	Prior claim for Stiolto Respimat AND Anoro Ellipta in the past 120 days. Limited up to 1 unit per 30 days.

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LAMA/LABA COMBINATION continued							
Stiolto Respimat® (Tiotropium Bromide/ Olodaterol) 2.5 mcg/2.5 mcg	\$477	Brand	COPD	≥ 18	MDI	C1	For the treatment of COPD. Limited up to 4 gm (1 inhaler) per 30 days.
Utibron Neohaler® (Indacaterol/Glycopyrrolate) 27.5 mcg/15.6 mcg	\$441	Brand	COPD	≥ 18	DPI	C1	For the treatment of COPD. Limited up to 1 unit per 30 days.
LAMA/LABA/ICS COMBINATION							
Trelegy Ellipta® (Umeclidinium, Vilanterol, Fluticasone Furoate) 100 mcg/62.5 mcg/25 mcg	\$655	Brand	COPD	≥ 18	DPI	STE	Prior claims for LABA/ICS OR LAMA/LABA in the past 90 days. Limited to 1 unit per month.
MAST CELL STABILIZER							
Intal® (Cromolyn) 20 mg/2 ml	\$,1301.40/60 vials	Generic	Asthma	≥ 2	NS	F	
LEUKOTRIENE RECEPTOR ANTAGONIST (LRT)							
Singulair® (Montelukast) 10 mg tablets	\$14/month (maximum allowable cost)	Generic	Asthma	≥ 15	Oral	F	

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LEUKOTRIENE RECEPTOR ANTAGONIST (LRT) continued							
Singulair® (Montelukast) 4 mg chewable tablets	\$6/month (maximum allowable cost)	Generic	Asthma	≥ 2	Oral	F	
Singulair® (Montelukast) 5 mg chewable tablets	\$4/month (maximum allowable cost)	Generic	Asthma	≥ 6	Oral	F	
Singulair® (Montelukast) 4 mg oral granules	\$117/month (maximum allowable cost)	Generic	Asthma	≥ 1	Oral	NF	Submit diagnosis and reason(s) why formulary and non-formulary preferred products cannot be used.
Accolate® (Zafirlukast) 10 mg, 20 mg tablets	\$30 - \$60/month (maximum allowable cost)	Generic	Asthma	≥ 5	Oral	NF	
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IgE)							
Xolair® (Omalizumab) 75 mg/0.5 ml, 150 mg/ml	\$1,328/ml	Brand	Asthma	≥ 6	SQ	NF	See formulary search tool for full criteria
MONOCLONAL ANTIBODY-INTERLEUKIN-5 (IL-5) ANTAGONIST							
Cinqair® (Reslizumab) 10 mg/ml	\$1,118/10 ml	Brand	Asthma	≥ 18	IV	NF	See formulary search tool for full criteria
Nucala® (Mepolizumab) 100 mg/ml	\$3,546/ml	Brand	Asthma	≥ 12	SQ	NF	

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MONOCLONAL ANTIBODY-INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONIST							
Fasenra® (Benralizumab) 30 mg/ml	\$5,875/ml	Brand	Asthma	≥ 12	SQ	NF	See formulary search tool for full criteria
MONOCLONAL ANTIBODY – INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONIST							
Dupixent® (Dupilumab) 200 mg/1.14 ml, 300 mg/2 ml	\$3,623/ml	Brand	Asthma	≥ 2	SQ	NF	See formulary search tool for full criteria

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